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FEC	
FORM	3X

REPORT OF RECEIPTS

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NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	national desired
C, O, N, N, E, C, T, I, CU P, O, L, I, T, I, C, A L ADDRESS (number and street) Check if different than previously reported. (ACC) 2. FEC IDENTIFICATION C 0, 0, 1, 0, 8, 6	A, C, T, I, Q, N, , , C, O 1, 0, , W, A, T, E, R [F, A, R, M, I, N, G, T] NUMBER ▼ CIT	A, S, SO,C,I,A,T, I M, M, I, T, T, E, E S, I, D, E, , D, R, I, V, E O, N, , , , , , , , , , , , , , , , , ,	C_T 0_6_0 STATE A	3, 2 ₁
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report July 15 Quarterly Report October 15 Quarterly Report January 31 Year-End Report July 31 Mid-Year Report (Non-elect Year Only) (MY) Termination Report	(Q1) (c) 12-Day PRE-Election Report tor the: (Q3) (d) 30-Day POST-Election Report for the:	20 (M2) May 20 (M2) Jun 20 (M3) Jun 20 (M4) Jul 20 (M7) Primary (12P) Convention (12C) General (30G)	Aug 20 (M8) 6) Sep 20 (M9)	in the State of Special (30S)
5. Covering Period 0 I certify that I have examined Type or Print Name of Treast		9 through 1	Company Company	in the State of
Signature of Treasurer	JUAN 86	Jonas	Date 01	2 1 ' 2 6 1 0

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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